

**THE PENDING CLAIMS**

This listing of claims will replace all prior versions, and listings, of claims in the application:

**Listing of Claims:**

Claims 1 - 33 Canceled.

34. (New) A computer-implemented method for targeting one or more high-risk members of a population for proactive care management, comprising a computer system performing the following:

storing health-related data for each member of a population, wherein some members have no diseases or health-related conditions, some members have one disease or health-related condition, and some members have multiple diseases or health-related conditions;

storing a predicted future healthcare utilization score for each member of the population, wherein the utilization score for all members of the population is calculated using a single predictive equation, wherein the utilization score for each member is calculated based upon the presence or absence of diseases and health-related conditions in the health-related data stored for the member, and wherein the utilization scores for the members are calculated to enable identification of one or more high-risk members of the population irrespective of the members' particular diseases or health-related conditions;

storing a plurality of risk factors, top medical episodes, or intervention flags, wherein the risk factors or intervention flags are defined to enable identification of member attributes amenable to intervention irrespective of the member's particular diseases or health-related conditions;

identifying one or more high-risk members having a utilization score that exceeds a threshold value;

compiling a data set including the health-related data stored for each high-risk member, wherein one or more of the stored intervention flags, risk factors or top medical episodes may be assigned to each high-risk member based upon the high-risk member's health-related data;

selecting from the group of high-risk members one or more intervention members based upon the intervention flags, risk factors or top medical episodes assigned to each high-risk member; and

transferring an output file to an intervention application including each intervention member, the health-related data stored for each intervention member, and the intervention flags, risk factors, or top medical episodes associated with each intervention member.

35. (New) The method according to claim 34, wherein the threshold value is either a numerical value or a rank.

36. (New) The method according to claim 34, wherein the utilization score for one or more members is converted to a relative risk ratio that indicates the member's health-related risk relative to all members of the population.

37. (New) The method of claim 34, wherein the risk factors that may be identified for each member of the intervention group include mental health diagnoses, self-care characteristics, equipment/monitors, and drug history.

38. (New) The method of claim 34, wherein the intervention flags that may be identified for each member of the intervention group include emergency room visits, hospital admissions, out-of-network costs, multiple provider specialties, multiple prescriptions, no appropriate provider for a medical episode, missing aspects of care, and non-compliance with prescriptions.

39. (New) The method of claim 34, wherein the intervention members are selected based upon the number of intervention flags identified for each member.

40. (New) The method of claim 34, wherein each member's predicted future healthcare utilization score is a relative risk ranking representing the quotient of the member's predicted

future healthcare utilization divided by an average predicted future healthcare utilization score for the population.

41. (New) The method of claim 34, wherein the top medical episodes are identified by assigning a ranking to each of the plurality of medical episodes present in the health-related data of the population based on a combination of actual associated cost for the member and an average benchmark cost for the medical episode.

42. (New) A computer-implemented method for targeting one or more high-risk members of a population for proactive care management, comprising a computer system performing the following:

storing health-related data for each member of a population, wherein some members have no diseases or health-related conditions, some members have one disease or health-related condition, and some members have multiple diseases or health-related conditions;

storing a predicted future healthcare utilization score for each member of the population, wherein the utilization score for all members of the population is calculated using a single predictive equation, wherein the utilization score for each member is calculated based upon the presence or absence of diseases and health-related conditions in the health-related data stored for the member, and wherein the utilization scores for the members are calculated to enable identification of one or more high-risk members of the population irrespective of the members' particular diseases or health-related conditions;

storing a plurality of risk factors, top medical episodes, or intervention flags, wherein the risk factors or intervention flags are defined to enable identification of member attributes amenable to intervention irrespective of the member's particular diseases or health-related conditions;

compiling a data set including the health-related data stored for each member, wherein one or more of the stored intervention flags, risk factors or top medical episodes may be assigned to each member based upon the member's health-related data;

identifying one or more high-risk members having a utilization score that exceeds a threshold value;

selecting from the group of high-risk members one or more intervention members based upon the intervention flags, risk factors or top medical episodes assigned to each high-risk member; and

transferring an output file to an intervention application including each intervention member, the health-related data stored for each intervention member, and the intervention flags, risk factors, or top medical episodes associated with each intervention member.

43. (New) A computer-implemented system for targeting one or more high-risk members of a population for proactive care management, comprising:

a database for storing:

(a) health-related data for each member of a population, wherein some members have no diseases or health-related conditions, some members have one disease or health-related condition, and some members have multiple diseases or health-related conditions;

(b) a predicted future healthcare utilization score for each member of the population, wherein the utilization score for all members of the population is calculated using a single predictive equation, wherein the utilization score for each member is calculated based upon the presence or absence of diseases and health-related conditions in the health-related data stored for the member, and wherein the utilization scores for the members are calculated to enable identification of one or more high-risk members of the population irrespective of the members' particular diseases or health-related conditions; and

(c) a plurality of risk factors, top medical episodes, or intervention flags, wherein the risk factors or intervention flags are defined to enable identification of member attributes amenable to intervention irrespective of the member's particular diseases or health-related conditions; and

a processor for:

(a) identifying one or more high-risk members having a utilization score that exceeds a threshold value;

(b) compiling a data set including the health-related data stored for each high-risk member, wherein one or more of the stored intervention flags, risk factors or top medical episodes may be assigned to each high-risk member based upon the high-risk member's health-related data;

(c) selecting from the group of high-risk members one or more intervention members based upon the intervention flags, risk factors or top medical episodes assigned to each high-risk member; and

(d) transferring an output file to an intervention application including each intervention member, the health-related data stored for each intervention member, and the intervention flags, risk factors, or top medical episodes associated with each intervention member.

44. (New) The system of claim 43, wherein the threshold value is either a numerical value or a rank.

45. (New) The system of claim 43, wherein the utilization score for one or more members is converted to a relative risk ratio that indicates the member's health-related risk relative to all members of the population.

46. (New) The system of claim 43, wherein the risk factors that may be identified for each member of the intervention group include mental health diagnoses, self-care characteristics, equipment/monitors, and drug history.

47. (New) The system of claim 43, wherein the intervention flags that may be identified for each member of the intervention group include emergency room visits, hospital admissions, out-of-network costs, multiple provider specialties, multiple prescriptions, no appropriate provider for a medical episode, missing aspects of care, and non-compliance with prescriptions.

48. (New) The system of claim 43, wherein the intervention members are selected based upon the number of intervention flags identified for each member.

49. (New) The system of claim 43, wherein each member's predicted future healthcare utilization score is a relative risk ranking representing the quotient of the member's predicted future healthcare utilization divided by an average predicted future healthcare utilization score for the population.

50. (New) The system of claim 43, wherein the top medical episodes are identified by assigning a ranking to each of the plurality of medical episodes present in the health-related data of the population based on a combination of actual associated cost for the member and an average benchmark cost for the medical episode.